

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/52703

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	0	0				
5		1				
6		1				
7						
8						
9		1				
10						
11						
12		1				
13						
14						
15		1				
16		1				
17						
18						
19		1				
20		1				
21						
22						
23		1				
24	0	0				
25	1					
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	22					
TOTAL CLAIMS	24					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						